	Case 0.17-k	JK-03132-CC3	DOC 13 Tiled 09/20/17	rage I or	03	
Fill	n this information to identify your c	ase:				
Deb	or 1 Frank J Petracca					
Deb	First Name	Middle Name	Last Name			
	or 2 Susan J Petracca First Name	Middle Name	Last Name	—		
Unit	ed States Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Cas	number 6:17-bk-05752					
(if kno	wn)					if this is an ded filing
	cial Form 106Sum					
			nd Certain Statistical Info			12/15
infor	nation. Fill out all of your schedules original forms, you must fill out a n	s first; then complete t	e are filing together, both are equally the information on this form. If you are ck the box at the top of this page.			
					Your as	ssets If what you own
1.	Schedule A/B: Property (Official For 1a. Copy line 55, Total real estate, from	m 106A/B) m Schedule A/B			\$	449,818.00
	1b. Copy line 62, Total personal prope	erty, from Schedule A/B			\$	220,011.00
	1c. Copy line 63, Total of all property	on Schedule A/B			\$	669,829.00
Part	2: Summarize Your Liabilities					
						abilities t you owe
2.	Schedule D: Creditors Who Have Cla 2a. Copy the total you listed in Colum		ty (Official Form 106D) t the bottom of the last page of Part 1 of	Schedule D	\$	520,002.00
3.	Schedule E/F: Creditors Who Have U 3a. Copy the total claims from Part 1		al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the total claims from Part 2	(nonpriority unsecured	claims) from line 6j of Schedule E/F		\$	65,900.00
			Your t	otal liabilities	\$	585,902.00
Part	3: Summarize Your Income and I	Expenses				
4.	Schedule I: Your Income (Official Fort Copy your combined monthly income		le I		\$	8,787.00
5.	Schedule J: Your Expenses (Official F Copy your monthly expenses from line				\$	5,057.86
Part	4: Answer These Questions for A	dministrative and Sta	tistical Records			
6.	Are you filing for bankruptcy under ☐ No. You have nothing to report of	• • • •	? Check this box and submit this form to th	e court with you	r other sch	nedules.
7.	■ Yes What kind of debt do you have?					
			debts are those "incurred by an individu		ı personal,	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 2 of 65

Jebtor 1	Frank J Petracca		
Debtor 2	Susan J Petracca	Case number (if known)	6:17-bk-05752

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,966.20

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	37,157.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	37,157.00

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 3 of 65

Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the category where yet which it fits bear. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Do you wan or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply			Case	U.11-DK-U31)Z-C() DC	JC 13 THEU 03/20/1	rage	3 01 03		
Debtor 2 Susan J Petracca Spouse, if thing) Susan J Petracca Spouse, if thing) Susan J Petracca Susan J Petra	Fill in thi	is inform	nation to identify	y your case and th	is filin	g:					
Debtor 2 Susual J Petracca Middle Name	Debtor 1		Frank J Pet	racca							
United States Bankruptey Court for the: MIDDLE DISTRICT OF FLORIDA Case number 6:17-bk-05752	D 1 / 0				Name		Last Name				
Case number 6:17-bk-05752 Check if this is amonded filing Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yet think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. 1. De you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1 Street address, if available, or other description What is the property? Check all this apply Single-family home Duplex or multi-unit building Condominium or cooperative What is the property? Check all this apply Manufactured or mubble home Land Land Manufactured or mubble home Land Manufactured or mubble home Land Current value of the entire property? Seminole Other Information you wish to add about this item, such as local property described in the debtors and another Other Information you wish to add about this item, such as local property date based on 2016 Seminole County Property Appraiser Certified value Seminole Page 19 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property)					Name		Last Name				
Case number 6:17-bk-05752 Check if this is amonded filing Offficial Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yet hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Describe Lach Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Part II. Describe Lach Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Part II. Describe Lach Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Part II. Describe Lach Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Part II. Describe Lach Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Part II. Describe Lach Residence, Building, Land, or Other Real Estate You Own or Have an Interest in the property? In Songle-family home Duplox or multi-unite building Condominium or cooperative Manufactured or mobile home Land Describe the nature of your ownership linteres (auch as fee simple, tenancy by the entireties, as life estate). If the nature of your ownership linteres (auch as fee simple, tenancy by the entireties, as life estate). If the nature of your ownership linteres (auch as fee simple, tenancy by the entireties, as life estate). If the nature of your ownership linteres (auch as fee simple, tenancy by the entireties, as life estate). If the nature of your ownership linteres (auch as fee simple, tenancy by the entireties, as life estate). If the nature of your ownership linteres (auch as fee simple, tenancy b	United St	tates Bar	nkruptcy Court fo	rthe: MIDDLED	ISTRIC	T OF FLOI	RIDA				
Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yet which it fits beat. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for applying correct information, it more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Interest every question. In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? In Single-family home Use What is the property? Check all that apply In Single-family home Use Single-family home Use In Single-family home U	_		mapley Countrie								
Official Form 106A/B Schedule A/B: Property In such category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category which if its best. De as complete and accurate as possible. If two married people are filting together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer very question. Part I: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.	Case nur	mber 6	:17-bk-05752								Check if this is an
Interest category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yet withink if it its beat. Be as complete and accurate as possible. If two married apople are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in	<u> </u>										amended ming
Schedule A/B: Property In sech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yet withink if it is beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 11	Officia	al Ear	m 1061/E	2							
In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where ye think if it its best. Be a complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part It: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1				_							
think if it its best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part II Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1. 1 1. 1 1. 2 1. 2 1. 2 1. 3 1. 3 1. 3 1. 3 1. 4 1. 4 1. 5 1. 5 1. 5 1. 5 1. 4 1. 5 1. 5 1. 5 1. 5 1. 5 1. 5 1. 5 1. 5 1. 6 1. 6 1. 6 1. 7 1. 7 1. 7 1. 8 1. 8 1. 9 1. 9 1. 9 1. 9 1. 1 1.											12/15
Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1.											
Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.	informatio	n. If more	space is needed,								
1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.											
No. Go to Part 2.	Part 1:	Describe E	Each Residence, E	Building, Land, or Ot	her Rea	Estate You	u Own or Have an Interest In				
The state of the property? Street address, if available, or other description	1. Do you	own or ha	ave any legal or e	quitable interest in a	ny resid	lence, build	ding, land, or similar property?				
1.1 1505 W. Lake Mary Blvd. Street address, if available, or other description Lake Mary FL 32746-0000 City State ZIP Code Manufactured or mobile home Land Land Current value of the entire property? Check one Land Current value of the entire property? S449,818.00 S449,818.	□ No. 0	Go to Part	2.								
1.1 1.2	Yes.	Where is	the property?								
Single-family home			p								
Single-family home											
Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative	1.1				Wha	t is the pro	perty? Check all that apply				
Lake Mary FL 32746-0000	150)5 W. La	ake Mary Blvd.			Single-far	mily home	Do not deduc	ct secured cl	aims	or exemptions. Put
Lake Mary FL 32746-0000 Manufactured or mobile home Current value of the entire property? \$449,818.00	Stree	et address, if	f available, or other de	scription	_	Duplex or	r multi-unit building	the amount of	of any secure	d clai	ms on Schedule D:
Lake Mary FL 32746-0000 City State ZIP Code Investment property St449,818.00 S449,818.00						Condomir	nium or cooperative	Creditors Wi	o Have Claii	1113 30	еситей бу гторетту.
Lake Mary FL 32746-0000 City State ZIP Code Investment property St449,818.00 S449,818.00						Manufacti	ured or mobile home				
City State ZIP Code Investment property \$449,818.00 \$449,818.	Lak	ke Marv	FL	32746-0000			area of media frome				
Timeshare Other Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property)							nt property			ро	\$449,818.00
Seminole County Seminole County Check if this is community property (see instructions)	ĺ								·		
Seminole County Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for						Other		(such as fee	simple, ten		
Seminole County Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for						ı			-		
Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property)	Ser	minole			_	ı	•	i ee siirip			
Other information you wish to add about this item, such as local property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for					_		•				
Other information you wish to add about this item, such as local property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for		,			_		•			nmun	ity property
property identification number: Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for								(,		
LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for					prop	erty identifi	ication number:				
PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for					Leg	al:					
PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for						•					
Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for											
Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for											
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for								ty Property A	Appraiser	Cer	tified value
					(Su	rrenderin	ng property)				
	2 Add	the dolla	or value of the n	ortion you own fo	r all of	vour entri	ies from Part 1 including an	v entries for			
pagoo you nato acaonea for rait is trine that number here									>		\$449,818.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

<u> </u>		Frank J Petracca Susan J Petracca		Case number (if known)	6:17-bk-05752
კ. C a	rs, vans	s, trucks, tractors, sport utility ve	hicles, motorcycles		
	No				
	Yes				
3.1	Make:	CHRYSLER 200 (Cyl. Sedan 4D	Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on Schedule D:
	Model:	Touring)	Debtor 1 only		ve Claims Secured by Property.
	Year: Approx	2012 kimate mileage:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of t entire property?	he Current value of the portion you own?
		information:	☐ At least one of the debtors and another		
	Good	1C3CCBBB2CN301184 I condition e based on NADA clean	☐ Check if this is community property (see instructions)	\$5,800	.00 \$5,800.00
3.2	Make:	Mercedes Benz	Who has an interest in the property? Check one		ured claims or exemptions. Put
0.2	Model:	0 1 10 0050	Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year: Approx	2013 kimate mileage: 27580	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of t entire property?	he Current value of the portion you own?
	Other i	information:	☐ At least one of the debtors and another		
		l condition e based on NADA clean	Check if this is community property (see instructions)	\$18,575	.00 \$18,575.00
Exa	amples:		nd other recreational vehicles, other vehicles, atercraft, fishing vessels, snowmobiles, motorcyc		
<i>Exa</i> ■ □	amples: No Yes	Boats, trailers, motors, personal wa	atercraft, fishing vessels, snowmobiles, motorcyc rn for all of your entries from Part 2, including	ele accessories	\$24,375.00
Exa □ 5 A .pa	amples: No Yes dd the cages yo	Boats, trailers, motors, personal wants of the portion you own have attached for Part 2. Write	ntercraft, fishing vessels, snowmobiles, motorcyconnections, motorcyclinical motorcycl	ele accessories	\$24,375.00
Exa □ 5 A .pa Part: Do y	amples: No Yes dd the cages yo Desc ou own	Boats, trailers, motors, personal wand	ntercraft, fishing vessels, snowmobiles, motorcyconnections, motorcyclinical motorcycl	ele accessories	\$24,375.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
Example 5 A part 5 Do y	amples: No Yes dd the cages yo Desc ou own usehole kamples No	Boats, trailers, motors, personal wants dollar value of the portion you ow have attached for Part 2. Write cribe Your Personal and Household It	rn for all of your entries from Part 2, including that number hereems terest in any of the following items?	ele accessories	Current value of the portion you own? Do not deduct secured

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Debtor 1 Debtor 2	Frank J Petracca Susan J Petracca	Case number (if known)	6:17-bk-05752
■ Yes.	Describe		
	Televisions, vcr/players, other stereo equipment computers, printer		\$300.00
Example □ No	bles of value /es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other collections, memorabilia, collectibles Describe	other art objects; stamp, coin, o	r baseball card collections;
	Paintings		\$200.00
Example ■ No	ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool take musical instruments Describe	oles, golf clubs, skis; canoes an	d kayaks; carpentry tools;
■ No	ns bles: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
□ No	bescribe		
. 00.	All clothing		\$400.00
□ No	y bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlo Describe Wedding rings, bracelets, watches	om jewelry, watches, gems, gol	d, silver \$400.00
Exam _l ■ No	orm animals coles: Dogs, cats, birds, horses Describe		
■ No	her personal and household items you did not already list, including any he	ealth aids you did not list	
	the dollar value of all of your entries from Part 3, including any entries for pa art 3. Write that number here	ages you have attached	\$2,600.00
	scribe Your Financial Assets		
Do you ov	vn or have any legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 3

claims or exemptions.

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 6 of 65

	ebtor 1 ebtor 2	Frank J Petra Susan J Petra			Case	e number (if known)	6:17-bk-05752
	■ No			our wallet, in your h	ome, in a safe deposit box, and on hand when	ı you file your petitid	on
	Examp				counts; certificates of deposit; shares in credit to swith the same institution, list each.	unions, brokerage h	nouses, and other similar
	□ No ■ Yes				Institution name:		
	_ 100		17.1.	Checking	Bank of America acct ending in 0061		\$980.00
			17.2.	Savings	Bank of America acct ending in 3794		\$207.00
			17.3.	Savings	Dillards Federal Credit Union acct ending in 1720		\$180.00
			17.4.	Savings	Dillards Federal Credit Union Christmas Club account		\$85.00
	joint ve ■ No □ Yes.			about themne of entity		of ownership:	
20.	Negotia	able instruments i	rate bor nclude p	ersonal checks, ca	% cotiable and non-negotiable instruments shiers' checks, promissory notes, and money ansfer to someone by signing or delivering the		
	☐ Yes. 0	Give specific infor		about them uer name:			
		nent or pension a les: Interests in IF			403(b), thrift savings accounts, or other pensic	on or profit-sharing	plans
	Yes. I	List each account		ely. of account:	Institution name:		
			401(k	:)	401K		\$108,547.00
			IRA		Charles Schwab Rollover IRA		\$33,037.00
	Your sh		l deposit	s you have made s	o that you may continue service or use from a public utilities (electric, gas, water), telecomm		nies, or others
	☐ Yes				Institution name or individual:		

Official Form 106A/B Schedule A/B: Property page 4

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 7 of 65

	ebtor 1 ebtor 2	Frank J P Susan J F		Case numbe	r (if known)	6:17-bk-05752
23.		es (A contra	ct for a periodic payment of money to you,	either for life or for a number of years)		
	■ No □ Yes		Issuer name and description.			
24.			ation IRA, in an account in a qualified A 1), 529A(b), and 529(b)(1).	BLE program, or under a qualified state	tuition pro	ogram.
	☐ Yes		Institution name and description. Separate	ely file the records of any interests.11 U.S.0	C. § 521(c):	
25.	Trusts,	equitable o	future interests in property (other than	anything listed in line 1), and rights or p	owers exe	ercisable for your benefit
		Give specific	information about them			
26.			t, trademarks, trade secrets, and other in domain names, websites, proceeds from ro			
	☐ Yes. (Give specific	information about them			
			es, and other general intangibles permits, exclusive licenses, cooperative as	sociation holdings, liquor licenses, professi	ional licens	es
		Give specific	information about them			
M	oney or p	roperty ow	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed t	o you information about them, including whether	you already filed the returns and the tax ye	ears	
	■ No	les: Past due	or lump sum alimony, spousal support, ch	ld support, maintenance, divorce settleme	∩t, property	settlement
	□ 1es. c	sive specific	iniomation			
30.	Exampl	les: Unpaid v	neone owes you vages, disability insurance payments, disab unpaid loans you made to someone else	ility benefits, sick pay, vacation pay, work	ers' comper	nsation, Social Security
	■ No □ Yes. 0	Give specific	information			
		s in insura n /es: Health, c	ce policies isability, or life insurance; health savings a	ccount (HSA); credit, homeowner's, or rent	er's insurar	nce
	Yes. N	Name the ins	urance company of each policy and list its Company name:	value. Beneficiary:		Surrender or refund value:
			Trustmark Life	Frank Petracca		\$50,000.00
32.	If you a		perty that is due you from someone who ciary of a living trust, expect proceeds from		iitled to reco	eive property because

☐ Yes. Give specific information..

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 8 of 65

Debtor 1 Debtor 2	Frank J Petracca Susan J Petracca	Case number (if known)	6:17-bk-05752
		ther or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue	
	Describe each claim		
		FDCPA Claim/Case Petracca vs. Trustco Bank Case No.: 2016-CC-002225 Seminole County Court Attorney Richard Peck/ Elkin-Peck, PLLC (352-835-7977)	Unknown
■ No	contingent and unliquidated Describe each claim	d claims of every nature, including counterclaims of the debtor and rights to	set off claims
■ No	nancial assets you did not a	already list	
		ur entries from Part 4, including any entries for pages you have attached re	\$193,036.00
Part 5: De	escribe Any Business-Related P	Property You Own or Have an Interest In. List any real estate in Part 1.	
■ No. G	own or have any legal or equita o to Part 6. Go to line 38.	able interest in any business-related property?	
Part 6: De	escribe Any Farm- and Commer you own or have an interest in farr	rcial Fishing-Related Property You Own or Have an Interest In. mland, list it in Part 1.	
	u own or have any legal or e	equitable interest in any farm- or commercial fishing-related property?	
☐ Yes	s. Go to line 47.		
Part 7:	Describe All Property You O	wn or Have an Interest in That You Did Not List Above	
Exam ■ No	u have other property of any ples: Season tickets, country Give specific information	·	
		ur entries from Part 7. Write that number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

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Deb Deb	tor 1 Frank J Petracca Susan J Petracca		Case number (if known)	6:17-bk-05752
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$449,818.00
56.	Part 2: Total vehicles, line 5	\$24,375.00		
57.	Part 3: Total personal and household items, line 15	\$2,600.00		
58.	Part 4: Total financial assets, line 36	\$193,036.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$220,011.00	Copy personal property to	tal \$220,011.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$669,829.00

Official Form 106A/B Schedule A/B: Property page 7

1.	Which set of exemptions are you claim Which set of exemptions are you claim You are claiming state and federal recomply and are claiming federal exemptions For any property you list on Schedule Brief description of the property and line Schedule A/B that lists this property Household items: Stove, refrigerator, washer/dryemicrowave, cooking utensils silverware, pots/pans Living room furniture, dining roof furniture, tables/chairs Bedroom furniture, dressers/nightstands, lamps/accessories, desk/office furniture Cell ph Line from Schedule A/B: 6.1	nonbankruptcy exempt s. 11 U.S.C. § 522(b) le A/B that you claim on Current value oportion you ow Copy the value Schedule A/B \$1,30	ions. 11 U.S.C (2) as exempt, fill of the Amoun from Check 0.00	C. § 522(b)(3) I in the information belont of the exemption you class only one box for each exem	pw. aim ption. 00.00 , up to	Specific laws that allow exemption Fla. Const. art. X, § 4(a)(2)	
1.	Which set of exemptions are you cla ■ You are claiming state and federal r □ You are claiming federal exemptions For any property you list on Schedu Brief description of the property and line Schedule A/B that lists this property Household items:	niming? Check one on nonbankruptcy exempt s. 11 U.S.C. § 522(b). Ile A/B that you claim on Current value oportion you ow Copy the value Schedule A/B	ions. 11 U.S.C (2) as exempt, fill of the Amou vn from Check	C. § 522(b)(3) I in the information belont of the exemption you class only one box for each exem	ow. aim ption.		
1.	Which set of exemptions are you cla ■ You are claiming state and federal r □ You are claiming federal exemptions For any property you list on Schedu Brief description of the property and line	niming? Check one	ions. 11 U.S.C (2) as exempt, fill of the Amou	C. § 522(b)(3) I in the information belont of the exemption you cla	ow. aim	Specific laws that allow exemption	
1.	Which set of exemptions are you cla ■ You are claiming state and federal r □ You are claiming federal exemptions For any property you list on Schedu Brief description of the property and line	niming? Check one on nonbankruptcy exempt s. 11 U.S.C. § 522(b) le A/B that you claim on Current value of	ions. 11 U.S.C (2) as exempt, fil	C. § 522(b)(3)	ow.	Specific laws that allow exemption	
1.	Which set of exemptions are you cla ■ You are claiming state and federal r □ You are claiming federal exemptions	niming? Check one on nonbankruptcy exempt s. 11 U.S.C. § 522(b)	ions. 11 U.S.C	C. § 522(b)(3)			
	Which set of exemptions are you cla You are claiming state and federal r	iming? Check one on	ions. 11 U.S.C				
	Which set of exemptions are you cla	iming? Check one on					
		•	nly, even if your	spouse is filing with you.			
16	art 1: Identify the Property You Clair	m as Exempt					u
any fun exe to t	ecific dollar amount as exempt. Altern y applicable statutory limit. Some execteds—may be unlimited in dollar amount emption to a particular dollar amount at the applicable statutory amount.	mptions—such as the nt. However, if you cl and the value of the p	ose for health aim an exemp	aids, rights to receive of tion of 100% of fair mar	ertain be ket value	enefits, and tax-exempt retirement under a law that limits the	nt
For	ee number (if known). r each item of property you claim as e						
the nee	as complete and accurate as possible. In property you listed on <i>Schedule A/B: Preded, fill</i> out and attach to this page as measured as (if leaves)	operty (Official Form 1	06A/B) as your	source, list the property	that you c	claim as exempt. If more space is	J
S	chedule C: The Pro	perty You	Claim	as Exempt		4/1	6
0	fficial Form 106C					3	
	ase number 6:17-bk-05752					☐ Check if this is an amended filing	
Ur	nited States Bankruptcy Court for the:	MIDDLE DISTRICT C	OF FLORIDA				
	pouse if, filing) First Name	Middle Name	Last	Name			
1 -	First Name Susan J Petracca	Middle Name	Last	Name			
1 -	i idilik o i oli doda						
De De	ebtor 1 Frank J Petracca						
De De	Il in this information to identify your c	ase:					

Official Form 106C

equipment computers, printer

Paintings

Line from Schedule A/B: 7.1

Line from Schedule A/B: 8.1

\$200.00

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

\$200.00

any applicable statutory limit

Fla. Const. art. X, § 4(a)(2)

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Frank J Petracca Debtor 1 6:17-bk-05752 Susan J Petracca Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B All clothing Fla. Const. art. X, § 4(a)(2) \$400.00 \$200.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit All clothing Fla. Stat. Ann. § 222.25(4) \$400.00 \$200.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Wedding rings, bracelets, watches Fla. Stat. Ann. § 222.25(4) \$400.00 \$400.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Fla. Stat. Ann. § 222.11(2)(a) Checking: Bank of America \$980.00 \$980.00 acct ending in 0061 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Bank of America Fla. Stat. Ann. § 222.11(2)(a) \$207.00 \$207.00 acct ending in 3794 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Savings: Dillards Federal Credit Fla. Stat. Ann. § 222.25(4) \$180.00 \$180.00 Union acct ending in 1720 100% of fair market value, up to Line from Schedule A/B: 17.3 any applicable statutory limit Savings: Dillards Federal Credit Fla. Stat. Ann. § 222.25(4) \$85.00 \$85.00 Union **Christmas Club account** 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 17.4 401(k): 401K Fla. Stat. Ann. § 222.21(2) \$108,547.00 \$108,547.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit **IRA: Charles Schwab** Fla. Stat. Ann. § 222.21(2) \$33,037.00 \$33,037.00 Rollover IRA Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit **Trustmark Life** Fla. Stat. Ann. § 222.14 \$50,000.00 \$50,000.00 **Beneficiary: Frank Petracca** Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit FDCPA Claim/Case Fla. Stat. Ann. § 222.25(4) \$0.00 Unknown Petracca vs. Trustco Bank Case No.: 2016-CC-002225 100% of fair market value, up to **Seminole County Court** any applicable statutory limit Attorney Richard Peck/ Elkin-Peck, PLLC (352-835-7977) Line from Schedule A/B: 33.1

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Debtor Debtor	•	ank J Petracca san J Petracca	Case number (if known)	6:17-bk-05752				
	•	vou claiming a homestead exemption of more than \$160,375? ect to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)						
	No							
	Yes.	Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?					
		No						
	П	Vac						

Fill in this information	on to identify you	ır case:			
Debtor 1 F	rank J Petraco	æa			
	rst Name	Middle Name Last Name		-	
	usan J Petrac				
(Spouse if, filing) Fi	rst Name	Middle Name Last Name			
United States Bankrup	otcy Court for the	MIDDLE DISTRICT OF FLORIDA			
Case number 6:17	-bk-05752			☐ Check	if this is an
				ameno	led filing
Official Form 10	neD				
		Who I love Claims Seems	d by Dranaut		4044
Schedule D:	Creditors	Who Have Claims Secure	d by Propert	у	12/15
		If two married people are filing together, both are ecout, number the entries, and attach it to this form. O			
1. Do any creditors have	claims secured by	y your property?			
☐ No. Check this	box and submit t	his form to the court with your other schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in all o	of the information	below.	-	·	
	cured Claims	20.0			
		more than one secured claim, list the creditor separately	, Column A	Column B	Column C
for each claim. If more th	nan one creditor has	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Alphera Finar	ncial Serv	Describe the property that secures the claim:	\$12,520.00	\$5,800.00	\$6,720.00
Creditor's Name		2012 CHRYSLER 200 (Cyl. Sedan 4D Touring) VIN: 1C3CCBBB2CN301184 Good condition Value based on NADA clean trade			
P.O. Box 3608	2	As of the date you file, the claim is: Check all that			
Dublin, OH 43		apply. □ Contingent			
Number, Street, City,		☐ Unliquidated			
, , , , .	,	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
Debtor 1 and Debtor		☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the de		Judgment lien from a lawsuit			
☐ Check if this claim r community debt	elates to a	Other (including a right to offset) Auto Lien			
Date debt was incurred	Opened 07/15 Last Active 2/28/17	Last 4 digits of account number0072			
2.2 Dillards Emp	Fou - I	Describe the property that secures the claim:	\$20,418.00	\$18,575.00	\$1,843.00
Creditor's Name		2013 Mercedes Benz Sedan 4D C250	Ψ20,410.00	Ψ10,070.00	Ψ1,040.00
		27580 miles			
6929 John F k Blvd North Little R	-	VIN: Good condition Value based on NADA clean trade As of the date you file, the claim is: Check all that apply.			
72116		Contingent			
Number, Street, City,	State & Zip Code	Unliquidated			
Who owes the debt?	Check one	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
Official Form 106D		Schedule D: Creditors Who Have Claims Sec	cured by Property		page 1 of

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Debtor 1 Frank J Pe			_	Case number (if know)	6:17-bk-05752	
First Name Debtor 2 Susan J P	Middle Na	ame Last Name				
First Name	Middle Na	ame Last Name	_			
r not reamo		2001110				
■ Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the deb	-	☐ Judgment lien from a lawsuit	•			
☐ Check if this claim re		Other (including a right to offset)	Auto Lien			
community debt		Other (including a right to offset)				
	Opened					
Date debt was incurred	05/14 Last Active 02/17	Last 4 digits of account num	ber 0001			
Date debt was incurred	ACTIVE 02/17	Last 4 digits of account fiding				
2.3 Ditech		Describe the property that secures	the claim:	\$387,147.00	\$449,818.00	\$0.00
Creditor's Name		1505 W. Lake Mary Blvd. La		Ψοστ,147.00	Ψ++3,010.00	Ψ0.00
		FL 32746 Seminole County	Re Mai y,			
		Legal:				
		LOT 4 (LESS RD ON N)				
		PERKINS PLACE				
		PB 20 PG 73				
		Homestead property				
		Value based on 2016 Semin	ole			
		County Property Appraiser				
		value				
Attn: Bankrup	tev	(Surrendering property)				
Po Box 6172	icy	As of the date you file, the claim is:	Check all that			
Rapid City, SD	57709	apply.				
Number, Street, City, S		☐ Contingent				
Number, Street, City, S	state & Zip Code	Unliquidated				
Who owes the debt? C	hack one	☐ Disputed Nature of lien. Check all that apply.				
_	fieck offe.	_		d		
Debtor 1 only		An agreement you made (such as car loan)	mortgage or se	ecurea		
Debtor 2 only		_				
Debtor 1 and Debtor 2	only	Statutory lien (such as tax lien, med	chanic's lien)			
At least one of the deb		☐ Judgment lien from a lawsuit				
☐ Check if this claim re community debt	elates to a	Other (including a right to offset)	Mortgage			
	Opened					
	08/08 Last					
	Active					
Date debt was incurred	8/02/14	Last 4 digits of account num	_{ber} 1210			
	-					
2.4 Trustco Bank		Describe the property that secures	the claim:	\$99,917.00	\$449,818.00	\$37,246.00
Creditor's Name		1505 W. Lake Mary Blvd. La	ke Mary,			
		FL 32746 Seminole County	•			
		Legal:				
		LOT 4 (LESS RD ON N)				
		PERKINS PLACE				
		PB 20 PG 73				
		Homestead property				
		Value based on 2016 Semin				
		County Property Appraiser	Certified			
		value				
		(Surrendering property)	Observation in the second			
320 State St		As of the date you file, the claim is: apply.	Check all that			
Schenectady,	NY 12305	Contingent				
Number, Street, City, S	_	☐ Unliquidated				
,,,	,	☐ Disputed				
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as	mortagae or co	ecured		
Debtor 2 only		car loan)	morigage or St	Jourou		
- Debiol 2 Utily		•				

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Debto	or 1	Frank J Pe	etracca				Case number (if know)	6:17-bk-05752
		First Name	Middle Na	ime L	Last Name	_		
Debto	or 2	Susan J P				_		
		First Name	Middle Na	ıme L	Last Name			
■ De	ebtor	1 and Debtor 2	only!	☐ Statutory lien (such	n as tax lien, me	chanic's lien)		
☐ At	least	one of the deb	otors and another	☐ Judgment lien from	ı a lawsuit			
		if this claim re unity debt	elates to a	Other (including a r	right to offset)	Equity Lin	e	
Date o	debt v	was incurred	Opened 09/09 Last Active 07/14	Last 4 digits o	of account num	ber 0351		
If th	Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$520,002.00 \$520,002.00 Part 2: List Others to Be Notified for a Debt That You Already Listed							
trying than o	to co	ollect from your reditor for any	u for a debt you ov	we to someone else, lis you listed in Part 1, lis	st the creditor i	in Part 1, and	then list the collection age	For example, if a collection agency is ency here. Similarly, if you have more tional persons to be notified for any
	Ma 142 Sui	ındy Pavlak	iew Avenue	Zip Code			ich line in Part 1 did you ent	
	Sw P.C						ich line in Part 1 did you ent	

	Case 0.17-	DK-03732-1	CC3 DUC 13	i iiec	1 03/20/17	rage 10 01 00	,
Fill in th	is information to identify your	case:					
Debtor 1	Frank J Petracca						
	First Name	Middle Nar	me La	ast Name			
Debtor 2							
(Spouse if,	filing) First Name	Middle Nar	ne La	ast Name			
United S	States Bankruptcy Court for the:	MIDDLE DIS	TRICT OF FLORIDA				
Case nu (if known)	mber <u>6:17-bk-05752</u>					_	Check if this is an amended filing
	ıl Form 106E/F dule E/F: Creditors W	/ho Have	Unsecured CI	laims			12/15
any execu Schedule Schedule left. Attac name and	nplete and accurate as possible. Use tory contracts or unexpired leases G: Executory Contracts and Unexp D: Creditors Who Have Claims See the Continuation Page to this page case number (if known).	that could resul pired Leases (Off sured by Property ge. If you have no	t in a claim. Also list e icial Form 106G). Do no /. If more space is need o information to report	executory of ot include ded, copy t	ontracts on Scho any creditors wit the Part you need	edule A/B: Property (Offic h partially secured claim d, fill it out, number the er	ial Form 106A/B) and on s that are listed in ntries in the boxes on the
Part 1:	List All of Your PRIORITY Un ny creditors have priority unsecure						
		u ciaiiis agaiisi	your				
_	o. Go to Part 2.						
Part 2:	es. ■ List All of Your NONPRIORI						
□ N ■ Y 4. List a	ny creditors have nonpriority unse o. You have nothing to report in this p es. all of your nonpriority unsecured c cured claim, list the creditor separatel	part. Submit this fo	rm to the court with your	editor who	holds each clair		
	one creditor holds a particular claim,						
							Total claim
4.1	Amex	I	ast 4 digits of account	t number	5183		\$0.00
([Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998	,	When was the debt inco	urred?	Opened 8/1	14/82	_
Ţ	Number Street City State Zlp Code Who incurred the debt? Check one.		As of the date you file,	the claim i	s: Check all that a	apply	
	Debtor 1 only	1	☐ Contingent				
I	Debtor 2 only	l	☐ Unliquidated				
I	Debtor 1 and Debtor 2 only	1	☐ Disputed				
1	\square At least one of the debtors and an	Ottici	Type of NONPRIORITY	unsecured	l claim:		
	Check if this claim is for a com	munity	☐ Student loans				
	debt Is the claim subject to offset?		Obligations arising our eport as priority claims	ut of a sepa	ration agreement	or divorce that you did not	
I	No	l	Debts to pension or p	orofit-sharin	g plans, and other	r similar debts	
1	☐ Yes	1	Other. Specify Cre	edit Card	<u> </u>		_

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	r 1 Frank J Petracca r 2 Susan J Petracca		Case number (if know)	6:17-bk-05752	
4.2	Amex Nonpriority Creditor's Name	Last 4 digits of account number	9403		\$2,135.00
	Correspondence Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 08/82 Last 3/07/17	Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	Yes	Other. Specify Credit Card	<u> </u>		
4.3	Amex Nonpriority Creditor's Name	Last 4 digits of account number	8333		\$2,135.00
	Correspondence Po Box 981540	When was the debt incurred?	Opened 08/82 Last 3/07/17	Active	
	EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	Yes	Other. Specify Credit Card	I		
4.4	Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number	8207		\$0.00
	Nc4-105-03-14 Po Box 26012	When was the debt incurred?	Opened 1/30/07 La 11/05/09	ist Active	
	Greensboro, NC 27410 Number Street City State Zlp Code	As of the date you file, the claim	Chook all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	☐ Yes	■ Other. Specify Credit Card	I		

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	r 1 Frank J Petracca r 2 Susan J Petracca		Case number (if know)	6:17-bk-05752				
4.5	Bank Of America	Last 4 digits of account number	1332		\$0.00			
	Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410	When was the debt incurred?	Opened 09/13 Last 05/14	Active				
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one. ☐ Debtor 1 only	П						
	Debtor 2 only	☐ Contingent						
	<u> </u>	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	ł claim:					
	At least one of the debtors and another	Student loans	a ciaiii.					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	☐ Obligations arising out of a separation agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar del	ots				
	Yes	■ Other Specify Automobile)					
4.6	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	6900		\$0.00			
	100 S West St Wilmington, DE 19801	When was the debt incurred?	Opened 11/16 Last Active 12/16					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims	lation agreement of divorce	riat you did flot				
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	ots				
	Yes	Other. Specify Credit Card	<u> </u>					
4.7	Caliber Home Loans, In	Last 4 digits of account number	0979		\$0.00			
	Nonpriority Creditor's Name Po Box 24610 Oklahoma City, OK 73124	When was the debt incurred?	Opened 05/01 Last 08/07	Active				
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.	•						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	■ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce t	hat you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	ots				
	Yes	Other. Specify Unsecured						

or 2 Susan J Petracca		Case number (if know)	6:17-bk-05752	
Capital One / Comp U Nonpriority Creditor's Name	Last 4 digits of account number	8653		\$0.00
Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 12/03 Las 06/04	t Active	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
☐ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
Yes	Other. Specify			
Capital One/Neiman	Last 4 digits of account number	3195		\$4,714.00
Marcus/Bergdorf Goodm Nonpriority Creditor's Name	Last 4 digits of account number			Ψ+,7 14.00
Po Box 729080 Dallas, TX 75372	When was the debt incurred?	Opened 08/84 Las 3/14/17	t Active	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
Is the claim subject to offset?	report as priority claims			
■ No	☐ Debts to pension or profit-sharing	· ·	ebts	
Yes	Other. Specify Charge Acc	count		
Chase Card	Last 4 digits of account number	9162		\$0.00
Nonpriority Creditor's Name	_			
Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 03/02 Las 02/11	t Active	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
Is the claim subject to offset?	report as priority claims			
■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
☐ Yes	■ Other. Specify Credit Card	Į		

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r 1 Frank J Petracca r 2 Susan J Petracca		Case number (if know) 6:17-bk-05752	
Citibank/Exxon Mobile	Last 4 digits of account number	2018	\$0.00
Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129	When was the debt incurred?	Opened 1/21/95 Last Active 8/02/07	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	1	
Citimortgage Inc	Last 4 digits of account number	5771	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6423 Sioux Falls, SD 57117	When was the debt incurred?	Opened 03/99 Last Active 06/07	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Real Estate	e Mortgage	
Discover Student Loans	Last 4 digits of account number	7473	\$4,025.00
Nonpriority Creditor's Name Po Box 30948 Salt Lake City, UT 84130	When was the debt incurred?	Opened 01/13 Last Active 11/30/15	
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	Student loans Obligations arising out of a sens	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	·	
No	Debts to pension or profit-sharir	ng pians, and other similar debts	
Yes	☐ Other. Specify		

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	r 1 Frank J Petracca r 2 Susan J Petracca		Case number (if know) 6:17-bk-05752	2		
4.1 4	First Charter Nation Nonpriority Creditor's Name	Last 4 digits of account number	9260	\$0.00		
	Pob 37937 Charlotte, NC 28237	When was the debt incurred?	Opened 8/26/03 Last Active 7/26/07			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Credit Line	Secured			
4.1 5	First Electronic Bank	Last 4 digits of account number	7849	\$1,212.00		
	Nonpriority Creditor's Name 2150 S 1300 E Suite 400 Salt Lake City, UT 84106	When was the debt incurred?	Opened 01/17 Last Active 3/20/17			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
4.1 6	Navient	Last 4 digits of account number	0668	\$24,076.00		
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes- Barr, PA 18773	When was the debt incurred?	Opened 05/13 Last Active 08/15			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify				
		Educationa	I			

	or 1 Frank J Petracca Susan J Petracca		Case number (if know) 6:17-bk-05752		
4.1 7	Ocwen Loan Servicing	Last 4 digits of account number	3146	\$0.00	
	Nonpriority Creditor's Name Attn: Research Dept 1661 Worthington R Ste 100 West Palm Beach, FL 33409	When was the debt incurred?	Opened 8/01/08 Last Active 1/04/13		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only ☐	☐ Contingent☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Real Estate			
4.1 8	Syncb/kawasaki Nonpriority Creditor's Name	Last 4 digits of account number	9585	\$0.00	
	Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 03/11 Last Active 06/14		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin			
	Yes	Other. Specify Secured			
4.1 9	Syncb/Sony Financial Nonpriority Creditor's Name	Last 4 digits of account number	6799	\$0.00	
	Po Box 103104 Roswell, GA 30076	When was the debt incurred?	Opened 7/26/12 Last Active 1/28/14		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	and an and other at the state		
	■ No	Debts to pension or profit-sharin			
	☐ Yes	Other Specify Charge Acceptage	count		

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btor 1 Frank J Petracca Susan J Petracca		Case number (if know) 6:17-bk-05752	
Synchrony Bank	Last 4 digits of account number	3737	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, El. 33896	When was the debt incurred?	Opened 7/13/01 Last Active 8/15/07	
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans		
ls the claim subject to offset?	☐ Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Acc	count	
Synchrony Bank	Last 4 digits of account number	1555	\$0.00
Nonpriority Creditor's Name			ΨΟ.Ο.
Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 12/02 Last Active 04/05	
Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Synchrony Bank/Care Credit	Last 4 digits of account number	7034	\$1,869.00
Nonpriority Creditor's Name	_		
Attn: Bankruptcy Po Box 956060	When was the debt incurred?	Opened 12/16 Last Active 2/09/17	
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Acc	count	

	1 Frank J Petracca 2 Susan J Petracca		Case number (if know) 6:17-bk-05	5752
4.2	Synchrony Bank/Care Credit	Last 4 digits of account number	0628	\$4,922.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 10/16 Last Active 2/10/17	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc	•	_
4.2	Synchrony Bank/Care Credit Nonpriority Creditor's Name	Last 4 digits of account number	9168	\$2,059.00
	Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 09/14 Last Active 3/14/17	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separations.	d claim: ration agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	_
4.2	Trustco Bank Nonpriority Creditor's Name	Last 4 digits of account number	9363	\$0.00
	320 State St Schenectady, NY 12305	When was the debt incurred?	Opened 09/09 Last Active 6/21/11	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt		d claim: ration agreement or divorce that you did not	
	Is the claim subject to offset? No	report as priority claims Debts to pension or profit-sharin Other, Specify, Home Equi		
	LI TES	Other Specify Home Falls	LY LINE OF GIEUR	

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ebtor 1 Frank J Petracca Susan J Petracca		Case number (if know) 6:17-bk-05752	2
² Trustco Bank	Last 4 digits of account number	9290	\$0.00
Nonpriority Creditor's Name 320 State St Schenectady, NY 12305	When was the debt incurred?	Opened 12/08 Last Active 08/09	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Student loans	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Check Cree	= :	
Wells Fargo Bank/Dillards	Last 4 digits of account number	2470	\$9,697.00
Nonpriority Creditor's Name Wells Fargo Bank, NA Po Box10347	When was the debt incurred?	Opened 05/06 Last Active 2/08/17	
Des Moines, IA 50306 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin		
Yes	Other. Specify Credit Card	1	
Wells Fargo Education Financ Nonpriority Creditor's Name	Last 4 digits of account number	8364	\$138.00
P.O. Box 10365 Des Moines, IA 50306-0365	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	a ciaim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	 Student loans Obligations arising out of a separeport as priority claims 	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Student Lo		

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Debtor Debtor	1 Frank J P 2 Susan J I			Case n	number (if know)	6:17-bk-05752	
4.2	_	Education Fncl Srvs	Last 4 digits of account number	1347			\$5,277.00
	Nonpriority Cred Attn: Bankr Po Box 518 Sioux Falls	ruptcy 95 , SD 57717	When was the debt incurred?	Oper 04/16	ned 08/13 Last	t Active	
		City State ZIp Code the debt? Check one.	As of the date you file, the claim	is: Check	call that apply		
	Debtor 1 on		☐ Contingent				
	■ Debtor 2 on		☐ Unliquidated				
	Debtor 1 and		☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		is claim is for a community	Student loans				
	debt	bject to offset?	☐ Obligations arising out of a separeport as priority claims	aration ag	greement or divorce	that you did not	
	No		☐ Debts to pension or profit-sharing	ng plans,	and other similar de	ebts	
	Yes		Other. Specify				
			Educationa	al			
4.3				4040			*****
0	Wells Fargo	D Education Fncl Srvs	Last 4 digits of account number	1346			\$3,641.00
	Attn: Bankr Po Box 518 Sioux Falls	ruptcy 5	When was the debt incurred?	Oper 04/16	ned 07/13 Last	t Active	
		City State Zlp Code	As of the date you file, the claim	is: Check	call that apply		
	Who incurred	the debt? Check one.					
	Debtor 1 on	ly	☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if thi debt	is claim is for a community	Student loansObligations arising out of a separate	aration ac	areement or divorce	that you did not	
	Is the claim su	bject to offset?	report as priority claims		,	,	
	■ No		Debts to pension or profit-sharing	ng plans,	and other similar de	ebts	
	☐ Yes		Other. Specify				
			Educationa	al			
Part 3:	List Others	s to Be Notified About a Debt	That You Already Listed				
is tryii have r	ng to collect fro nore than one o	m you for a debt you owe to som	out your bankruptcy, for a debt that y eone else, list the original creditor in ou listed in Parts 1 or 2, list the add submit this page.	Parts 1	or 2, then list the	collection agency her	e. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Uns	ecured Claim				
	the amounts of of unsecured cla		s. This information is for statistical r	eporting	purposes only. 28	3 U.S.C. §159. Add the	amounts for each
	_					Claim	
	6a. Fotal aims	Domestic support obligations		6a.	\$	0.00	
from P		Taxes and certain other debts y	ou owe the government	6b.	\$	0.00	
	6c.	Claims for death or personal in		6c.	\$	0.00	
	6d.	Other. Add all other priority unsec	cured claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a throu	gh 6d.	6e.	\$	0.00	
	6f.	Student loans		6f.	Total \$	Claim 37,157.00	
7	Γotal			٠	Ψ	37,137.00	

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Debtor 1 Fra Debtor 2 Sus		etracca Petracca	Case n	umber (if know)	6:17-bk-05752	
claims						
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	28,743.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	65,900.00	

ill in this infor	mation to identify your	case:		
Debtor 1	Frank J Petracca			
	First Name	Middle Name	Last Name	
Debtor 2	Susan J Petracca			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number	6:17-bk-05752			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1		·	•		
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.3					_
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

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Fill in this	s information to identify y	our case:			
Debtor 1	Frank J Petra	cca			
	First Name	Middle Name	Last Name		
Debtor 2	Susan J Petra		Last Name		
(Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the	ne: MIDDLE DISTRICT O	F FLORIDA		
Case num	nber 6:17-bk-05752				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
		- d - b t - v -			
Sched	dule H: Your Co	odeptors			12/15
fill it out, a	and number the entries in a and case number (if kno	the boxes on the left. Attac wn). Answer every question	ch the Additional Page t n.	o this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors?	? (If you are filing a joint case	, do not list either spouse	as a codebtor.	
■ No					
☐ Ye					
Arizor —		you lived in a community pana, Nevada, New Mexico, F			ry states and territories include
`		spouse, or legal equivalent li	ve with you at the time?		
	, , ,	, ,	•		
in line Form	e 2 again as a codebtor o	nly if that person is a guara	ntor or cosigner. Make	sure you have listed the 16G). Use Schedule D,	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt
	Name, Number, Street, City, State a	and ZIP Code		Check all schedule	
3.1				Ochodula D. Sa	
3.1	Name			_ ☐ Schedule D, lin☐ Schedule E/F, l	
				☐ Schedule G, lin	
	Number Street			_	
	City	State	ZIP Code		
3.2	Name			Schedule D, lin	
				☐ Schedule E/F, I	
	Niverban 2:				
	Number Street City	State	ZIP Code		

Fill	in this information to	identify your ca	ase:								
Del	btor 1	Frank J Petr	acca			_					
1	btor 2	Susan J Pet	racca			_					
Uni	ited States Bankruptc	y Court for the	MIDDLE DISTRICT C	F FLORIDA							
Ca	se number 6:17	-bk-05752					Check	k if this is:			
(If kı	nown)			_			☐ Ai	n amende	ed filing		
L										ng postpetition chap following date:	ter
<u>O</u>	fficial Form [*]	<u> 1061</u>					\overline{M}	M / DD/ Y	YYYY		
S	chedule I: Y	our Inco	ome							•	12/15
spo atta	use. If you are separ ch a separate sheet	rated and you	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infori	nati	on about	your spo	ouse. If m	nore space is need	ed,
1.	Fill in your employ information.	/ment		Debtor 1				Debtor 2	2 or non-	filing spouse	
	If you have more th attach a separate p		Employment status	■ Employed				■ Emple	oyed		
	information about a	0	_mproyment otatao	☐ Not employed				☐ Not e	mployed		
	employers.		Occupation								
	Include part-time, s self-employed work		Employer's name	Eldorado Reso	rts Corp)		Dillards	6		
	Occupation may incor homemaker, if it		Employer's address					P.O. Bo Little R	ox 486 ock, AR	72203	
			How long employed t	here?				_			
Pai	rt 2: Give Deta	ils About Mor	thly Income								
	imate monthly incon use unless you are se		ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. Ir	nclude your non-filing	g
	ou or your non-filing sp e space, attach a sep		ore than one employer, co	ombine the information	on for all e	mple	oyers for t	that perso	on on the	lines below. If you n	eed
							For Deb	otor 1		ebtor 2 or ling spouse	
2.			ry, and commissions (becalculate what the month		2.	\$	5,	450.00	\$	7,250.00	
3.	Estimate and list r	monthly overti	me pay.		3.	+\$		0.00	+\$	0.00	

Calculate gross Income. Add line 2 + line 3.

\$ 5,450.00

CDIOI	rank J Petracca usan J Petracca	-	Case	number (if known)	6:17-bk-0	5752	
			For	Debtor 1	For Debt	or 2 or	
					non-filin	g spouse	
Copy li	ine 4 here	4.	\$_	5,450.00	\$	7,250.00	_
List all	payroll deductions:						
5a. T	Fax, Medicare, and Social Security deductions	5a.	\$	702.00	\$	1,203.00	
	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	_
5c. V	/oluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	_
5d. R	Required repayments of retirement fund loans	5d.	\$	0.00	\$	185.00	_
5e. l ı	nsurance	5e.	\$_	199.00	\$	0.00	
5f. C	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
5g. L	Jnion dues	5g.	\$_	0.00	\$	0.00	_
5h. C	Other deductions. Specify: Health	_ 5h.+	• \$_	0.00	+ \$	446.00	_
	101K Contributions	_	\$_	0.00	\$	434.00	_
	Credit Union	_	\$_	0.00	\$	281.00	_
	HSA	_	\$_	0.00	\$	143.00	_
	Frustmark Life	_	\$_ \$	0.00	\$	84.00	_
	Dental/Vision	_	\$ \$	0.00	, ———	77.00	_
	Salary Disability Critical Illness	_	\$ \$	0.00	Φ	62.00 50.00	_
	Accident	_	- \$	0.00	\$	47.00	_
_	e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	– 6.	* \$		\$ 		_
	ate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ψ — \$	901.00	\$	3,012.00	_
	other income regularly received:	7.	Φ_	4,549.00	Φ	4,238.00	_
8a. N p	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross						
	eceipts, ordinary and necessary business expenses, and the total nonthly net income.	8a.	\$	0.00	\$	0.00	
	nterest and dividends	8b.	\$_	0.00	\$	0.00	_
r: Ir	Family support payments that you, a non-filing spouse, or a dependent egularly receive nclude alimony, spousal support, child support, maintenance, divorce		· _		Φ		_
	ettlement, and property settlement. Jnemployment compensation	8c. 8d.	\$_ \$	0.00	\$	0.00	_
	Social Security	8e.	φ ₋	0.00	\$	0.00	_
8f. C Ir th N	Other government assistance that you regularly receive nclude cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		*_ \$	0.00	\$	0.00	-
8g. F	Pension or retirement income	 8g.	\$	0.00	\$	0.00	_
8h. C	Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$	0.00	_
Add all	other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.0	0
). Calcula	ate monthly income. Add line 7 + line 9.	10. \$		4,549.00 + \$	4,238.0	0 = \$	8,787.0
Add the	e entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,		-, -
Include other fri	Ill other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, your iends or relatives. include any amounts already included in lines 2-10 or amounts that are not a contribution.	depen		. •	ed in <i>Sched</i>	<i>lule J</i> . 1. + \$	0.0
	e amount in the last column of line 10 to the amount in line 11. The rest at amount on the Summary of Schedules and Statistical Summary of Certain					2. \$	8,787.0
~PP1100							
						Combi	nea ly incom

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Debtor 1 Debtor 2	Frank J Petrace Susan J Petrac		6:17-bk-05752
13. Do 9	you expect an incr No.	ease or decrease within the year after you file this form?	
•	Yes. Explain:	Debtor currently living and working in Nevada (separate households). D father in Nevada. Residential property will be surrendered in the bankru in Nevada is 9145 S. Las Vegas Blvd., #2094, Las Vegas, NV 89123.	

Fill	in this informa	ition to identify yo	our case:					
Deb	tor 1	Frank J Petr	acca			Checl	k if this is:	
							An amended filing	
	tor 2 ouse, if filing)	Susan J Peti	racca			_		ving postpetition chapter the following date:
``						_	•	
Unit	ed States Bankı	ruptcy Court for the	: MIDDLI	E DISTRICT OF FLORIDA		ľ	MM / DD / YYYY	
Cas	e number 6:	17-bk-05752						
(If ki	nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par	t 1: Desci	ribe Your House	hold					
1.	Is this a joir							
	☐ No. Go to	line 2.						
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of Debte	or 2.	
2.	Do you hay	e dependents?	□ No					
۷.	Do not list D	•		Fill out this information for	Dependent's relati	ionshin to	Dependent's	Does dependent
	Debtor 2.	ebior rand	Yes.	each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state	the						□ No
	dependents				Son		24	■ Yes
								□ No
								Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your exp	oenses include	_	No				□ res
	•	f people other t	^{han} □	Yes				
	yourself an	d your depende	nts?	103				
Par		ate Your Ongoi						
exp	imate your ex enses as of a blicable date.	a date after the l	our bankr bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a sup J, check the	oplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
Incl	lude expense	s paid for with	non-cash	government assistance i	f you know			
the	value of suc	h assistance an		cluded it on Schedule I: Y			Your exp	enses
(On	ficial Form 10	юі.)					Tour exp	
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		0.00
	If not include	led in line 4:						
	As Post	estate taxes				4a. \$		0.00
		estate taxes erty, homeowner's	s. or renter	's insurance		4a. \$ 4b. \$	-	0.00
	•	•		ipkeep expenses		4c. \$		0.00
		owner's associat	•			4d. \$		0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

	tor 1 Frank J Petracca			6.47 bk 05752
Jeb	tor 2 Susan J Petracca	Case num	ber (if known)	6:17-bk-05752
ô.	Utilities:	•	•	.=
	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.	\$	50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	495.00
,	6d. Other. Specify:	6d.	\$	0.00
	Food and housekeeping supplies	7.	\$	400.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	\$	250.00
	Personal care products and services	10.	\$	100.00
	Medical and dental expenses	11.	\$	450.00
2.	Transportation. Include gas, maintenance, bus or train fare.	12.	¢	200.00
,	Do not include car payments.	13.	\$	
	Entertainment, clubs, recreation, newspapers, magazines, and books			190.00
	Charitable contributions and religious donations	14.	\$	100.00
٠.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	75.70
	15b. Health insurance	15a. 15b.		0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
	Specify:	16.	\$	0.00
	Installment or lease payments: 17a. Car payments for Vehicle 1	17a.	\$	293.89
	17b. Car payments for Vehicle 2		\$	637.39
	17c. Other. Specify:	17b.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as	17u.	Ψ	0.00
٠.	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
).	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
).	Other real property expenses not included in lines 4 or 5 of this form or on Sched	dule I: Yo	our Income.	
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
	Other: Specify: Real Estate licenses (Mr. Petracca)	21.	+\$	100.00
	Hotel expenses (Nevada- Mr. Petracca)		+\$	915.88
	Attorne Fees (Foreclosure)		+\$	650.00
<u>′</u> .	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	5,057.86
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,057.86
3.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8,787.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	5,057.86
	23c. Subtract your monthly expenses from your monthly income.	23c.		3,729.14

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

□ No.

Yes.

Explain here: Debtor currently living and working in Nevada (separate households). Dependent son is living with father in Nevada. Residential property will be surrendered in the bankruptcy. Mr. Petracca's address in Nevada is 9145 S. Las Vegas Blvd., #2094, Las Vegas, NV 89123.

Fill in this information to identify your case:	
Debtor 1 Frank J Petracca First Name Middle Name Last Name	
Debtor 2 Susan J Petracca	
(Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number 6:17-bk-05752 (if known)	☐ Check if this is an amended filing
Official Form 106Dec	
Declaration About an Individual Debtor's Schedules	12/15
Tou must me this form whenever you me bankruptcy schedules of amended schedules. Making a faise stat	ement, concealing property, or
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false stat obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below	
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below	
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Ban	
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Ban	on, or imprisonment for up to 20 new properties of the second of the sec
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bar Declaration Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration	on, or imprisonment for up to 20 new properties of the second of the sec

Date September 20, 2017

Date September 20, 2017

Fill in this	information to identify your	case:		
Debtor 1	Frank J Petracca	Middle Name	Last Name	
Debtor 2	Susan J Petracca		Lastivame	
(Spouse if, filin		Middle Name	Last Name	
United Stat	tes Bankruptcy Court for the:	MIDDLE DISTRICT OF FLO	RIDA	
Case numb	per 6:17-bk-05752			
(if known)	<u> </u>			☐ Check if this is an amended filing
Official	l Form 107			
Statem	ent of Financial A	Affairs for Individu	als Filing for Bankruptcy	4/10
information number (if	n. If more space is needed, a known). Answer every quest	ttach a separate sheet to this	filing together, both are equally responsils s form. On the top of any additional pages wed Before	
1. What i	is your current marital status	?		
_	farried lot married			
2. During	During the last 3 years, have you lived anywhere other than where you live now?			
	es. List all of the places you liv	ed in the last 3 years. Do not ir	ŕ	
Debto	or 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
#104	Villa di Este Terrace Mary, FL 32746	From-To: 2005-2008	■ Same as Debtor 1	Same as Debtor 1 From-To:
	3 Country Squire Ct. hews, NC 28105	From-To: 1999-2005	■ Same as Debtor 1	Same as Debtor 1 From-To:
N N Y Part 2 4. Did yo Fill in t If you a	territories include Arizona, Califores. Make sure you fill out Schees. Make sure you have any income from empthe total amount of income you have filing a joint case and you have sure filing a joint case and you h	fornia, Idaho, Louisiana, Nevad edule H: Your Codebtors (Official Income ployment or from operating a received from all jobs and all b	equivalent in a community property state la, New Mexico, Puerto Rico, Texas, Washin al Form 106H). a business during this year or the two prepusinesses, including part-time activities. Agether, list it only once under Debtor 1.	gton and Wisconsin.)
– 1	Co. I III III LIIE UELAIIS.			
Debtor 1		Debtor 1	Debtor 2	

Official Form 107

Debtor 2	Susan J Pet	racca		Cas	e number (if known) 6:	17-bk-05752
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply	
From Janu the date yo	ary 1 of curre ou filed for bar	nt year until ikruptcy:	■ Wages, commissions, bonuses, tips	\$21,680.00	■ Wages, commiss bonuses, tips	sions, \$51,865.48
			☐ Operating a business		☐ Operating a busing	ness
	llendar year: to December	31, 2016)	☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commiss bonuses, tips	sions, \$94,999.00
			Operating a business		Operating a busing	ness
	lendar year be to December		☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commiss bonuses, tips	\$70,839.00
			Operating a business		☐ Operating a busing	ness
■ N	o es. Fill in the de	etails.	Debtor 1 Sources of income Describe below.	Gross income from each source	Debtor 2 Sources of income Describe below.	Gross income (before deductions
			Describe below.	(before deductions and exclusions)	Besonibe below.	and exclusions)
Part 3:	List Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6. Are eit □ N	o. Neither De	ebtor 1 nor D	s debts primarily consume ebtor 2 has primarily consu personal, family, or househo	umer debts. Consumer debt	s are defined in 11 U.S	.C. § 101(8) as "incurred by an
	During the No.	90 days befo	re you filed for bankruptcy, di	id you pay any creditor a tota	I of \$6,425* or more?	
	□ Yes	List below e paid that cre not include	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 year	nts for domestic support oblights bankruptcy case.	ations, such as child s	upport and alimony. Also, do
■ Ye			r both have primarily consure you filed for bankruptcy, di		l of \$600 or more?	
	□ No.	Go to line 7				
	■ Yes	include pay	each creditor to whom you pai ments for domestic support o this bankruptcy case.			paid that creditor. Do not do not include payments to an
Credit	tor's Name and	d Address	Dates of payme	ent Total amount	Amount you Wa	as this payment for

Debtor 1 Frank J Petracca

De	btor 2 Susan J Petracca		Cas	se number (if known)	6:17-bk-05752
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Alphera Financial Serv P.O. Box 3608 Dublin, OH 43016	May 2017 June 2017 July 2017	\$881.67	\$12,520.00	 □ Mortgage ■ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
	Dillards Emp Fcu - L 6929 John F Kennedy Blvd North Little Rock, AR 72116	May 2017 June 2017 July 2017	\$1,912.17	\$20,418.00	 □ Mortgage ■ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pof which you are an officer, director, person in a business you operate as a sole proprietor. alimony. No	artners; relatives of any gen control, or owner of 20%	neral partners; partners or more of their voting	erships of which you g securities; and ar	u are a general partner; corporations by managing agent, including one fo
	Yes. List all payments to an insider.	B-11	T-1-11	A	Decree for this recover
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cor ■ No □ Yes. List all payments to an insider		yments or transfer a	any property on ad	count of a debt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
			paiu	Still Owe	moduce creditor s name
9.	within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.	tcy, were you a party in a			
	Case title Case number	Nature of the case	Court or agency		Status of the case
	Trustco Bank vs. Frank J. Petracca, et al.; 2015-CA-001383-14H-W	Foreclosure	Seminole Court Court Civil Courthou 301 N. Park Av Sanford, FL 32	se enue	■ Pending □ On appeal □ Concluded
	Frank Petracca and Susan Petracca vs. Trustco Bank 2016-CC-002225	Civil	Seminole Cour Civil Courthou 301 N. Park Av Sanford, FL 32	se enue	■ Pending □ On appeal □ Concluded

Debtor 1 Frank J Petracca

	otor 1 otor 2	Frank J Petracca Susan J Petracca			Case number (if known)	6:17-bk-05	752
0.				was any of your property repossesse	ed, foreclosed, garnis	shed, attached	I, seized, or levied?
	_						
	Cred	Ithin 1 year before you filed for bank heck all that apply and fill in the details No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Ithin 90 days before you filed for bank counts or refuse to make a payment No Yes. Fill in the details. Creditor Name and Address Ithin 1 year before you filed for bank court-appointed receiver, a custodian, No Yes List Certain Gifts and Contribution (Ithin 2 years before you filed for bank our person to Whom You Gave the Gift are person to Whom You Gave the Gift are Address: Ithin 2 years before you filed for bank our person to Whom You Gave the Gift are Address: Ithin 2 years before you filed for bank our person to Whom You Gave the Gift are Address: Ithin 2 years before you filed for bank or contributions to charities that more than \$600 charity's Name Address (Number, Street, City, State and ZIP Company Street, City, State Street, C		escribe the Property	Date		Value of the
			E	xplain what happened			property
11.	acco	unts or refuse to make a payment b No			r financial institutior	, set off any a	mounts from your
			D	escribe the action the creditor took	Date	action was	Amount
					taker	1	
12.	court	-appointed receiver, a custodian, o No			ession of an assigne	e for the bene	fit of creditors, a
Por	t 5:	List Cartain Gifts and Cantribution					
13.	= 1	No	uptcy,	did you give any gifts with a total va	llue of more than \$60	0 per person?	?
	per p	person		Describe the gifts			Value
14.	Withi	n 2 years before you filed for bankr	uptcy,	did you give any gifts or contributio	ns with a total value	of more than	\$600 to any charity?
		No					
		Yes. Fill in the details for each gift or o	ontribu	ution.			
	more Chai	e than \$600 rity's Name		Describe what you contributed			Value
Par	t 6:				what happened ny creditor, including a bank or financial institution, set off any amounts from your owed a debt? e the action the creditor took py of your property in the possession of an assignee for the benefit of creditors, a locial? Date action was Amount taken Amount taken Date action was Amount taken Date action was Indicated to creditors, a locial? Date action was Amount taken Date action was Indicated to creditors, a locial? Value of property in the possession of an assignee for the benefit of creditors, a locial? Date you gave the gifts Date you gave the gifts Date you gave the gifts Date you contributed Value of more than \$600 to any charity? Value of property lost insurance coverage for the loss amount that insurance has paid. List pending aims on line 33 of Schedule A/B: Property.		
	Withi	n 1 year before you filed for bankru	ptcy o	r since you filed for bankruptcy, did	you lose anything be	ecause of thef	t, fire, other disaster
	_	No Yes. Fill in the details.					
	_	cribe the property you lost and	Desc	ribe any insurance coverage for the l	loss Date	of your	Value of property
		the loss occurred	Includ	de the amount that insurance has paid.	List pending loss	•	
	hou Floo	thing, furniture, safe, sewares od in basement (Hurricane thow)	Clair	med on income taxes as a loss.	Octo	ber, 2016	\$21,730.00

6:17-bk-05752 Debtor 2 Case number (if known) Susan J Petracca Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. П Yes. Fill in the details **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No П Yes. Fill in the details. Person Who Received Transfer Description and value of Date transfer was Describe any property or Address property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. п Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Last balance Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or transfer moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Nο Yes. Fill in the details. Name of Financial Institution Do you still Who else had access to it? Describe the contents Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code)

Debtor 1

Frank J Petracca

	otor 1 Frank J Petracca Susan J Petracca		Case number (if known) 6:17-bk-057	52
22.	Have you stored property in a storage unit or p	lace other than your home within 1	year before you filed for bankruptcy	?
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Pai	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu
Pai	t 10: Give Details About Environmental Inform	ation		
For	the purpose of Part 10, the following definitions	apply:		
•	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su Site means any location, facility, or property as to own, operate, or utilize it, including disposal Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	nir, land, soil, surface water, ground bstances, wastes, or material. defined under any environmental sites. Imental law defines as a hazardous	dwater, or other medium, including st	atutes or or utilize it or use
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No			
	Yes. Fill in the details. Name of site	Governmental unit	Environmental law, if you	Date of notice
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	d know it	
25.	Have you notified any governmental unit of any No	release of hazardous material?		
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any envi	ronmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pai	t 11: Give Details About Your Business or Cor	,		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to any	business?
	■ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time	
Offic	☐ A member of a limited liability company	(LLC) or limited liability partnersh of Financial Affairs for Individuals Filing		ne=-
OHIC	ial Form 107 Statement	or i manolal Analis for mulvidudis Filing	j ioi Dalikiupioy	page

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 42 of 65

Debtor 1 Frank J Petracca Debtor 2 Susan J Petracca	C	Case number (if known) 6:17-bk-05752
☐ A partner in a partnership		
☐ An officer, director, or managing ex	vocutive of a corporation	
_	·	
_	ng or equity securities of a corporation	
☐ No. None of the above applies. Go to		
	Il in the details below for each business.	
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
	name of accountant of bootmooper	Dates business existed
Petracca Real Estate	Sales	EIN:
1505 W. Lake Mary Blvd. Lake Mary, FL 32746		From-To
Protected Possessions 1505 W. Lake Mary Blvd.	Security Devices	EIN:
Lake Mary, FL 32746		From-To
Yes. Fill in the details below.	Date Issued	
Address (Number, Street, City, State and ZIP Code)	Date issueu	
Part 12: Sign Below		
	a false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
/s/ Frank J Petracca	/s/ Susan J Petracca	
Frank J Petracca Signature of Debtor 1	Susan J Petracca Signature of Debtor 2	
Date September 20, 2017	Date September 20, 2017	
Did you attach additional pages to Your Statem	<u> </u>	
■ No	ent of Financial Affairs for Individuals Fili	ing for Bankruptcy (Official Form 107)?
■ No □ Yes	ent of Financial Affairs for Individuals Fili	
■ No	ent of Financial Affairs for Individuals Fili	cy forms?

Fill in this info	ormation to identify your	case:		
Debtor 1	Frank J Petracca			
	First Name	Middle Name	Last Name	
Debtor 2	Susan J Petracca	1		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number	6:17-bk-05752			_ 0
(if known)				☐ Check if amende

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

information below.	: Creditors who have Claims Secured by Property (C	official Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Description of property securing debt: Description of property secu	 □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ No □ Yes
Creditor's Dillards Emp Fcu - L name: Description of property securing debt: Description of property securing debt: Output	 □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ No □ Yes

Creditor's Ditech

	d J Petracca n J Petracca	Case number	(if known) 6:17-bk-05752
name: Description of property securing debt:	1505 W. Lake Mary Blvd. Lake Mary, FL 32746 Seminole County Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property)	■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	■ No □ Yes
name: Description of property securing debt:	ustco Bank 1505 W. Lake Mary Blvd. Lake Mary, FL 32746 Seminole County Legal: LOT 4 (LESS RD ON N) PERKINS PLACE PB 20 PG 73 Homestead property Value based on 2016 Seminole County Property Appraiser Certified value (Surrendering property) ur Unexpired Personal Property Leases	■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	■ No □ Yes
For any unexpired in the information You may assume	d personal property lease that you listed below. Do not list real estate leases. Ur an unexpired personal property lease if	in Schedule G: Executory Contracts and Unexpired leases are leases that are still in ef the trustee does not assume it. 11 U.S.C. §	fect; the lease period has not yet ended. 365(p)(2).
Describe your ur	nexpired personal property leases		Will the lease be assumed?
Lessor's name: Description of leas Property:	sed		□ No
Lessor's name:			□ No
Description of least Property:	sed		☐ Yes
Lessor's name:			□ No
Description of least Property:	sed		☐ Yes
Lessor's name:			□ No
Description of least Property:	sed		☐ Yes
Lessor's name:			□ No

Official Form 108

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 45 of 65

Debtor 1 Debtor 2 Prank J Petracca Susan J Petracca		Case number (if known)	6:17-bk-05752		
		n of leased			
ΓΙΟΡ	erty:				☐ Yes
	or's na				□ No
	criptior erty:	n of leased			☐ Yes
	or's na				□ No
	criptior erty:	n of leased			☐ Yes
Part	3:	Sign Below			
	•	alty of perjury, I declare that I have indicate at is subject to an unexpired lease.	d my intention about any	property of my estate that sec	cures a debt and any personal
X	/s/ Fi	rank J Petracca	X /s/	Susan J Petracca	
-	Fran	k J Petracca	Sus	san J Petracca	
	Signa	ture of Debtor 1	Sign	nature of Debtor 2	
	Date	September 20, 2017	Date	September 20, 2017	

Debtor 1	Frank J Petracca	
Debtor 2 (Spouse, if filing)	Susan J Petracca	
United States E	Sankruptcy Court for the:	Middle District of Florida
Case number	6:17-bk-05752	

Check one box	only as	directed	in th	nis form	and i	in Fo	rm
122A-1Supp:							

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Debto	or 1	 or 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commissions (before	all \$	1,578.11	\$ 5,388.09
 Alimony and maintenance payments. Do not included Column B is filled in. 	de payments from a spouse if	\$	0.00	\$ 0.00
4. All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Include regular contributio old, your dependents, parents spouse only if Column B is no	ns ,	0.00	\$ 0.00
5. Net income from operating a business, profession	n, or farm			
	Debtor 1			
Gross receipts (before all deductions)	\$0.00_			
Ordinary and necessary operating expenses	-\$ 0.00			
Net monthly income from a business, profession, or fa	arm \$ 0.00 Copy here	->\$	0.00	\$ 0.00
6. Net income from rental and other real property				
	Debtor 1			
Gross receipts (before all deductions)	\$ 0.00			
Ordinary and necessary operating expenses	- \$ 0.00			
Net monthly income from rental or other real property	\$ 0.00 Copy here	· -> \$	0.00	\$ 0.00
7. Interest, dividends, and royalties		\$	0.00	\$ 0.00

Official Form 122A-1

Debtor 1 Debtor 2	Frank J Petracca Susan J Petracca				Case number	er (<i>if known</i>)	6:17-bk-0	5752	
					Column A Debtor 1		Column B Debtor 2 or		
8. Une	employment compensation				\$	0.00	\$	0.00	
	not enter the amount if you contend that th Social Security Act. Instead, list it here:	e amount received wa	s a ben	efit unde	r				
F	or you	\$	(0.00					
F	or your spouse	\$	(0.00					
9. Pen	sion or retirement income. Do not include the social Security Act.		d that v	as a	\$	0.00	\$	0.00	
Do r rece dom	ome from all other sources not listed ab not include any benefits received under the eived as a victim of a war crime, a crime ag nestic terrorism. If necessary, list other soul I below.	e Social Security Act ogainst humanity, or inte	r paymernation	ents al or					
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	Total amounts from separate pages,	if any.			. \$	0.00	\$	0.00	
	culate your total current monthly incom h column. Then add the total for Column A			\$	1,578.11	+ \$_	5,388.09	Total	6,966.20
	culate your current monthly income for Copy your total current monthly income f	-			Сор	y line 11	here=>	\$	6,966.20
	Multiply by 12 (the number of months in a	a year)						X	
12b.	. The result is your annual income for this	part of the form					12b	\$	83,594.40
13. Cal o	culate the median family income that ap	pplies to you. Follow t	hese st	eps:					
Fill i	n the state in which you live.	FL							
Fill i	n the number of people in your household	. 3							
To fi	in the median family income for your state ind a list of applicable median income amo his form. This list may also be available at	ounts, go online using	the link	specified	d in the separ	ate instru	13. ctions	\$	60,636.00
14. Ho w	v do the lines compare?								
14a.	 Line 12b is less than or equal to I Go to Part 3. 	ine 13. On the top of p	age 1,	check bo	x 1, There is	no presui	mption of abus	е.	
14b.	Line 12b is more than line 13. On Go to Part 3 and fill out Form 122		ck box	2, The p	resumption o	f abuse is	determined by	/ Form 1	22A-2.
art 3:	Sign Below								
	By signing here, I declare under penalty	of perjury that the infor	mation	on this s	tatement and	in any at	tachments is tr	ue and o	correct.
	X /s/ Frank J Petracca		X		an J Petra				
	Frank J Petracca Signature of Debtor 1				J Petracca re of Debtor 2				
Da	te September 20, 2017 MM / DD / YYYY	_	Date		mber 20, 20	17			
	If you checked line 14a, do NOT fill out o	r file Form 122A-2.		IVIIVI / DI	וווו / כ				
	If you checked line 14h, fill out Form 122		form						

Frank J Petracca

Fill in this information to identify your case:							
Debtor 1	Frank J Petracca						
Debtor 2	Susan J Petracca						
(Spouse, if filing							
United States B	United States Bankruptcy Court for the: Middle District of Florida						
Case number (if known)	6:17-bk-05752						

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
■ 1. There is no presumption of abuse.
☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Pa	rt 1: Determine Your Adjusted Income	
1.	Copy your total current monthly income.	Copy line 11 from Official Form 122A-1 here=> \$ 6,966.20
2.	Did you fill out Column B in Part 1 of Form 122A-1? ☐ No. Fill in \$0 for the total on line 3. ☐ Yes. Is your spouse Filing with you? ☐ No. Go to line 3. ☐ Yes. Fill in \$0 for the total on line 3.	
3.	Adjust your current monthly income by subtracting any phousehold expenses of you or your dependents. Follow the On line 11, Column B of Form 122A–1, was any amount of the expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below:	
	State each purpose for which the income was used For example, the income is used to pay your spouse's a support other than you or your dependents. Total.	are subtracting from your spouse's income \$ \$ \$ \$ \$ \$ \$
4.	Adjust your current monthly income. Subtract line 3 from	Copy total here=> \$ 0.00

Official Form 122A-2

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 49 of 65

	Frank J Petracca Susan J Petracca		Case number (if k	6:17-bk-0	5752
2:	Calculate Your Deductions from Your Income				
answ	ernal Revenue Service (IRS) issues National and ver the questions in lines 6-15. To find the IRS sta tions for this form. This information may also be	andards, go online us	sing the link specifie	d in the separate	mounts
ur act	the expense amounts set out in lines 6-15 regardless tual expenses if they are higher than the standards. I in line 3 and do not deduct any operating expenses to	Do not deduct any amo	ounts that you subtract	ted fro your spouse'	's
our e	expenses differ from month to month, enter the avera	ge expense.			
henev	ver this part of the from refers to you, it means both y	ou and your spouse if	Column B of Form 12	22A-1 is filled in.	
The	e number of people used in determining your de	ductions from income	e		
plu	I in the number of people who could be claimed as exus the number of any additional dependents whom your number of people in your household.				
itiona	al Standards You must use the IRS National	al Standards to answe	r the guestions in lines	s 6-7.	
liona					
Foo	ood, clothing, and other items: Using the number of andards, fill in the dollar amount for food, clothing, and		n line 5 and the IRS Na	ational \$	1,378
Foo Sta		nd other items. ber of people you ente mber of people is split e a higher IRS allowan	ered in line 5 and the II into two categoriesp ce for health care cost	\$ RS National Standa people who are unde	urds, fill in er 65 and
Fou Sta Ou the peo hig	andards, fill in the dollar amount for food, clothing, an ut-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number ople who are 65 or olderbecause older people have	nd other items. ber of people you ente mber of people is split e a higher IRS allowan	ered in line 5 and the II into two categoriesp ce for health care cost	\$ RS National Standa people who are unde	urds, fill in er 65 and
Our the per high	andards, fill in the dollar amount for food, clothing, an ut-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number ople who are 65 or olderbecause older people have gher than this IRS amount, you may deduct the additing	nd other items. ber of people you ente mber of people is split e a higher IRS allowan	ered in line 5 and the II into two categoriesp ce for health care cost	\$ RS National Standa people who are unde	urds, fill in er 65 and
For Star Out the per high	andards, fill in the dollar amount for food, clothing, an at-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number ople who are 65 or olderbecause older people have gher than this IRS amount, you may deduct the additional who are under 65 years of age	ber of people you ente mber of people is split e a higher IRS allowan ional amount on line 22	ered in line 5 and the II into two categoriesp ce for health care cost	\$ RS National Standa people who are unde	urds, fill in er 65 and
Foo Sta Out the pechig	andards, fill in the dollar amount for food, clothing, an at-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number ople who are 65 or olderbecause older people have gher than this IRS amount, you may deduct the additionable who are under 65 years of age Out-of-pocket health care allowance per person	ber of people you enter mber of people is split at higher IRS allowantional amount on line 22	ered in line 5 and the II into two categoriesp ce for health care cost	\$ RS National Standa people who are unde	ards, fill in er 65 and penses are
Foo Star Out the pechig	andards, fill in the dollar amount for food, clothing, an at-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number only only on the folial care and the second of the second o	ber of people you entermber of people is split at higher IRS allowantional amount on line 22 \$	ered in line 5 and the II into two categoriesp ce for health care cost 2.	\$ RS National Standa people who are unde its. If your actual exp	ards, fill in er 65 and penses are
Foo Sta Out the pechig ople 7a. 7b. 7c.	andards, fill in the dollar amount for food, clothing, an alt-of-pocket health care allowance: Using the number of a dollar amount for out-of-pocket health care. The number ople who are 65 or older-because older people have gher than this IRS amount, you may deduct the additing the who are under 65 years of age Out-of-pocket health care allowance per person Number of people who are under 65 Subtotal. Multiply line 7a by line 7b.	ber of people you entermber of people is split at higher IRS allowant on line 22 \$\frac{49}{X}\$	ered in line 5 and the II into two categoriesp ce for health care cost 2.	\$ RS National Standa people who are unde its. If your actual exp	ards, fill in er 65 and penses are
Foo Sta Outhee pechig oople 7a. 7b. 7c.	andards, fill in the dollar amount for food, clothing, an att-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number of the are 65 or older-because older people have gher than this IRS amount, you may deduct the additional who are under 65 years of age Out-of-pocket health care allowance per person Number of people who are under 65 Subtotal. Multiply line 7a by line 7b.	ber of people you entermber of people is split ea higher IRS allowantional amount on line 22 \$	ered in line 5 and the II into two categoriesp ce for health care cost 2.	\$ RS National Standa people who are unde its. If your actual exp	ards, fill in er 65 and penses are
Foo Sta Outhee pechig 7a. 7b. 7c.	andards, fill in the dollar amount for food, clothing, an alt-of-pocket health care allowance: Using the number of a dollar amount for out-of-pocket health care. The number ople who are 65 or older-because older people have gher than this IRS amount, you may deduct the additing the who are under 65 years of age Out-of-pocket health care allowance per person Number of people who are under 65 Subtotal. Multiply line 7a by line 7b. who are 65 years of age or older Out-of-pocket health care allowance per person Number of people who are 65 or older	s dother items. ber of people you enter of people is split is a higher IRS allowanional amount on line 22 amount on line 24 amount on lin	ered in line 5 and the II into two categoriesp ce for health care cost 2.	\$ RS National Standa people who are unde its. If your actual exp	ards, fill in er 65 and penses are

Frank J Petracca

Debtor 1 Debtor 2	Frank J Susan		etracca etracca						Case number	(if known)	6:17-b	k-05	752	
Loca	al Standard	S	You must	use the IRS	Local Stand	ards to ans	wer the qu	estions in lin	es 8-15.					
	ed on infor cruptcy pur				U.S. Truste	e Program	has divide	ed the IRS L	ocal Stand	lard for ho	ousing fo	or		
_	_				d operating e	-								
To a	nswer the	que	stions in I	ines 8-9, us	se the U.S. T	rustee Pro	gram cha	rt.						
					specified in th nkruptcy cler		instruction	s for this for	m.					
					nd operatinឲ្ unty for insul							II \$		564.00
9.	Housing a	nd ι	utilities - N	Nortgage or	rent expens	ses:								
					entered in li ge or rent ex					\$	1,267	.00		
	9b. Total	aver	rage month	ıly payment	for all mortga	ages and ot	ther debts	secured by y	our home.					
	contra	actua	ally due to		nonthly paymed creditor in 60.									
	Name	of t	he creditor				Average payment							
	-NON	IE-					\$							
													Repeat this	
				Total averaç	ge monthly pa	ayment	\$	0.00	Copy here=>	-\$		0.00	amount on line 33a.	
	9c. Net m	ortg	age or ren	t expense.										
			,	-	nonthly paym is less than \$		•		\$	1,267		Copy ere=>	. \$	1,267.00
					rogram's di thly expens					ıg is inco	rect and	I	\$	0.00
	Explain w	hy:												
11.	Local trans	spo	rtation ex	penses: Ch	eck the numl	ber of vehic	cles for which	ch you claim	an ownersh	nip or oper	ating exp	ense.		
	☐ 0. Go to	line	e 14.											
	☐ 1. Go to	line	12.											
	2 or mor	re. G	Go to line 1	2.										
					he IRS Local ing Costs tha								\$	430.00

Frank J Petracca

6:17-bk-05752

Case number (if known)

13.	You may		pense: Using the IRS Local if you do not make any loan o							
Ve	hicle 1	Describe Vehicle 1:	2012 CHRYSLER 200 (C 1C3CCBBB2CN301184 clean trade					NADA		
13a	. Ownersh	ip or leasing costs using	g IRS Local Standard			\$_		485.00		
13b	·	monthly payment for all clude costs for leased v	debts secured by Vehicle 1. vehicles.							
	are contr		y payment here and on line 1 cured creditor in the 60 mont			t				
	Nan	ne of each creditor for	Vehicle 1	Average r	monthly					
	Alp	hera Financial Serv	1	\$	210.62					
		Total A	overage Monthly Payment	\$	210.62	Copy here =>	> -\$	210	Repeat this amount on line 33b.	
13c		cle 1 ownership or lease line 13b from line 13a.	e expense if this amount is less than \$0,	enter \$0.		\$_		274.38	Copy net Vehicle 1 expense here => \$	274.38
Ve	hicle 2	Describe Vehicle 2:	2013 Mercedes Benz So condition Value based				VIN: C	Good		
13d	. Ownersh	ip or leasing costs using	g IRS Local Standard			. \$_		485.00		
13e	. Average leased ve		debts secured by Vehicle 2.	Do not inclu	ude costs for					
	Nan	ne of each creditor for	Vehicle 2	Average r payment	monthly					
	Dill	ards Emp Fcu - L		\$	339.94					
		Total A	overage Monthly Payment	\$	339.94	Copy here => -\$	S	339.9	Repeat this amount on line 33c.	
13f.		cle 2 ownership or leaso	e expense if this amount is less than \$0,	enter \$0		\$_		145.06	Copy net Vehicle 2 expense here => \$	145.06
14.			: If you claimed 0 vehicles in ce regardless of whether you				ndards	s, fill in the	Public \$	0.00
15.	also dedi	uct a public transportati	on expense: If you claimed 1 on expense, you may fill in wal Standard for <i>Public Trans</i>	hat you beli						0.00

Frank J Petracca

Susan J Petracca

Debtor 1 Debtor 2 Debtor 1 Debtor 2 Frank J Petracca Susan J Petracca Case number (if known) 6:17-bk-05752

	er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	101	
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sales, or use taxes.	\$_	1,007.37
7.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	301.14
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	99.42
9.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
0.	Education: The total monthly amount that you pay for education that is either required:		
	as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for any elementary or secondary school education.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	5,613.37

Debtor 1 Debtor 2 Frank J Petracca Susan J Petracca Case number (if known) 6:17-bk-05752

Add	itional Expense Deductions These are additional deductions allowed by the Means Test.		
	Note: Do not include any expense allowances listed in lines 6-24.		
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.	r	
	Health insurance \$333.98		
	Disability insurance \$ 42.31		
	Health savings account + \$ 542.50		
	Total \$ 918.79 Copy total here=>	\$	918.79
	Do you actually spend this total amount?		
	□ No. How much do you actually spend?		
	■ Yes \$		
26.	Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b).	\$	0.00
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		
	By law, the court must keep the nature of these expenses confidential.	\$	0.00
28.	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.		
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.		
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.	\$	0.00
29.	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.		
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.		
	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.	\$	0.00
30.	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.		
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.		
	You must show that the additional amount claimed is reasonable and necessary.	\$	0.00
31.	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).	+\$	0.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.	\$	918.79

Debtor 1 Debtor 2 Susan J Petracca Case number (if known) 6:17-bk-05752

10	or debts that are secured by an inter ans, and other secured debt, fill in li			including home	mortga	ages, vehicle			
To cr	o calculate the total average monthly pareditor in the 60 months after you file for	aymen r bankı	t, add all amounts that ar ruptcy. Then divide by 60	e contractually du	e to ea	ich secured			
	Mortgages on your home:								erage monthly yment
3a.	Copy line 9b here						.=>	\$	0.00
	Loans on your first two vehicles:								
3b.	Copy line 13b here						.=>	\$	210.62
3c.	Copy line 13e here						.=>	\$	339.94
3d.	List other secured debts:							_	
lame	of each creditor for other secured debt		Identify property that secu	res the debt		Does paymer include taxes insurance?			
						□ No			
	-NONE-					☐ Yes		\$	
								Ψ -	
						□ No			
						☐ Yes		\$	
						П м.			
						□ No			
						☐ Yes		+\$	
							Co	υV	
3e.	Total average monthly payment, Add I	lines 3	3a through 33d		\$	550.56	tota		\$ 550.56
3e.	Total average monthly payment. Add I	lines 3	3a through 33d		\$	550.56		al e=>	\$ 550.56
4. A	Total average monthly payment. Add I re any debts that you listed in line 33 r other property necessary for your s	3 secu	red by your primary res			550.56			\$ 550.56
4. A oı	re any debts that you listed in line 33 rother property necessary for your s No. Go to line 35.	3 secu suppoi	red by your primary res rt or the support of you	dependents?		550.56			\$550.56
4. A O I	re any debts that you listed in line 33 rother property necessary for your s No. Go to line 35.	3 secu suppoi	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the	r dependents? o the payments		550.56			\$550.56
4. A oı ■	re any debts that you listed in line 33 rother property necessary for your s No. Go to line 35. Yes. State any amount that you musuisted in line 33, to keep posse	3 secu suppoi est pay ession de inform	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the	o the payments e cure amount).		550.56 Total cure amount			\$ 550.56 Monthly cure amount
4. A oı ⊑ C	re any debts that you listed in line 33 rother property necessary for your s No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	3 secu suppoi est pay ession de inform	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below.	o the payments e cure amount).		Total cure	her	e=>	Monthly cure
4. A o⊓ ⊑ C Nam	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posse Next, divide by 60 and fill in the	3 secu suppoi est pay ession de inform	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below.	o the payments e cure amount).	÷,	Total cure		e=>	Monthly cure
4. A o⊓ ⊑ C Nam	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posse Next, divide by 60 and fill in the	3 secu suppoi est pay ession de inform	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below.	o the payments e cure amount).	÷,	Total cure	÷ 60 =	== \$	Monthly cure
4. A o⊓ ⊑ C Nam	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posse Next, divide by 60 and fill in the	3 secu suppoi est pay ession de inform	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below.	o the payments e cure amount).	\$	Total cure	÷ 60 =	== \$	Monthly cure amount
4. A o⊓ ⊑ C Nam	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posse Next, divide by 60 and fill in the	3 secu suppoi est pay ession de inform	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below.	o the payments e cure amount).	\$	Total cure amount	÷ 60 =	== \$	Monthly cure amount
4. A ol	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posse Next, divide by 60 and fill in the	3 secusurpoi	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below. httify property that secures	o the payments e cure amount). the debt Total	\$	Total cure amount	÷ 60 =	== \$	Monthly cure amount
4. A ol	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you mustisted in line 33, to keep posse Next, divide by 60 and fill in the e of the creditor NE- o you owe any priority claims such a re past due as of the filing date of your set.	3 secusurpoi	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below. httify property that secures	o the payments e cure amount). the debt Total	\$	Total cure amount	÷ 60 =	== \$	Monthly cure amount
4. A or	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posse Next, divide by 60 and fill in the e of the creditor. NE- o you owe any priority claims such a re past due as of the filling date of your line 36.	as a prour bar	red by your primary res rt or the support of your to a creditor, in addition to f your property (called the mation below. htify property that secures riority tax, child support hkruptcy case? 11 U.S.C.	o the payments e cure amount). the debt Total , or alimony - tha	\$	Total cure amount	÷ 60 =	== \$	Monthly cure amount

Debtor 1 Debtor 2	Susa	an J Petracca		Cas	e num	oer (<i>if knowr</i>	6:17-I	ok-05752	
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bains for this form. Bankruptcy Basics may also be available.	sics specified			ice.			
	No.	Go to line 37.							
		Fill in the following information.							
		Projected monthly plan payment if you were filing under	er Chapter 13	3	\$				
		Current multiplier for your district as stated on the list in Administrative Office of the United States Courts (for cand North Carolina) or by the Executive Office for Unite (for all other districts).	districts in Ala	ustees	x				
		To find a list of district multipliers that includes your district link specified in the separate instructions for this for be available at the bankruptcy clerk's office.					Co	py total	
		Average monthly administrative expense if you were fi	iling under Ch	napter 13	\$			re=> \$	
		of the deductions for debt payment. es 33e through 36.						\$	550.56
Total	Deduc	tions from Income							
38. A	dd all c	of the allowed deductions.							
		ne 24, All of the expenses allowed under IRS e allowances	\$	5,613.37	,				
	•	e allowances ne 32, All of the additional expense deductions	\$	918.79	_ `				
		ne 37, All of the deductions for debt payment	+\$	550.56	_				
	1 7								
		Total deductions	\$	7,082.72	2	Copy total	here	=> \$	7,082.72
Part 3:	Det	termine Whether There is a Presumption of Abuse							
39. C	alculat	e monthly disposable income for 60 months							
;	39a. Co	ppy line 4, adjusted current monthly income	\$	6,966.20)				
;	39b. Co	ppy line 38, Total deductions	-\$	7,082.72	<u> </u>				
;		onthly disposable income. 11 U.S.C. § 707(b)(2). obtract line 39b from line 39a	\$	-116.52		Copy here=>\$		-116.52	
1	For the	next 60 months (5 years)					x 60		
;	39d. To	otal. Multiply line 39c by 60	39d.	\$	-6,9	91.20	Copy here=>	\$	-6,991.20
40. F	ind out	whether there is a presumption of abuse. Check the	box that app	olies:			_		
	The I	line 39d is less than \$7,700*. On the top of page 1 of t	his form, che	ck box 1, The	ere is	no presu	ımption of a	abuse. Go to	Part 5.
		line 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	of this form, cl	heck box 2, 7	There	is a pres	sumption of	<i>abuse.</i> You r	may fill out
] The I	line 39d is at least \$7,700*, but not more than \$12,85	0*. Go to line	. 41.					
		to adjustment on 4/01/19, and every 3 years after that f			he da	ite of adju	ustment.		
	-	· · · · · · · · · · · · · · · · · · ·							

Frank J Petracca

Debtor 1

Debtor 1 Debtor 2		an J Petracca	-	Cas	se number (<i>if know</i>	6:17	-bk-057	52
41.	41a.	Fill in the amount of your total nonpriority unsecured de A Summary of Your Assets and Liabilities and Certain Statis Schedules (Official Form 106Sum), you may refer to line 3b	tical	Information	\$	25]	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § Multiply line 41a by 0.25	_	. , . , . , . , . , . ,	\$		Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting your unsecured, nonpriority debt. e box that applies:	g all	allowed dedu	ctions is eno	ugh to pa	у	
		39d is less than line 41b. On the top of page 1 of this form, op Part 5.	chec	k box 1, <i>There</i>	is no presum _l	otion of ab	use.	
		39d is equal to or more than line 41b. On the top of page 1 <i>umption of abuse.</i> You may fill out Part 4 if you claim special c				is a		
Part 4:	Giv	ve Details About Special Circumstances						
		we any special circumstances that justify additional expense alternative? 11 U.S.C. \S 707(b)(2)(B).	ses	or adjustmen	ts of current	monthly i	ncome fo	or which there is no
■ N	lo. Go	o to Part 5.						
□ Y		I in the following information. All figures should reflect your aven. You may include expenses you listed in line 25.	erag	e monthly expe	ense or income	e adjustme	ent for ea	ach
	ne	ou must give a detailed explanation of the special circumstance cessary and reasonable. You must also give your case truster justments.						
	G	Sive a detailed explanation of the special circumstances			erage month income adjus		е	
	_				§			
	_				§			
	_				§			
					\$			
Part 5:	Sic	n Below						
	_	gning here, I declare under penalty of perjury that the informat	tion	on this stateme	ent and in any	attachmer	nts is true	and correct.
	χ /s	/ Frank J Petracca	Х	/s/ Susan J	Petracca			
	Fr	ank J Petracca		Susan J Pet				
Da		gnature of Debtor 1 eptember 20, 2017 D	ate	Signature of D September 2				
_		M/DD/YYYY		MM / DD / YY			_	

Debtor 1 Debtor 2 Susan J Petracca Case number (if known) 6:17-bk-05752

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2017 to 07/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Eldorado Resorts Corp

Constant income of \$1,578.11 per month.*

Debtor 1 Debtor 2 Case number (if known)

Frank J Petracca
Susan J Petracca
Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

6:17-bk-05752

Spouse Income Details:

Income for the Period 02/01/2017 to 07/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Dillards** Constant income of **\$5,388.09** per month.*

Frank J Petracca Debtor 1 Debtor 2 6:17-bk-05752 Susan J Petracca Case number (if known)

*Paycheck Details:

Ele

Eldorado Resorts Corp					
Date	Earnings	Overtime	Taxes	Other	Net Check
2017-06-06	1,399.00	0.00	194.18	46.05	1,158.77
2017-06-13	360.00	0.00	17.89	46.05	296.06
2017-06-20	1,310.65	0.00	178.71	46.04	1,085.90
2017-06-27	360.00	0.00	21.42	0.00	338.58
2017-07-05	1,500.00	0.00	217.05	46.05	1,236.90
2017-07-11	1,410.00	0.00	201.20	46.05	1,162.75
2017-07-18	2,069.00	0.00	351.00	46.04	1,671.96
2017-07-25	1,060.00	0.00	132.35	0.00	927.65
2017-08-01	360.00	0.00	21.42	0.00	338.58
2017-08-08	1,257.89	0.00	162.21	46.05	1,049.63
Totals:	11,086.54	0.00	1,497.43	322.33	9,266.78
Dillards					
Date	Earnings	Overtime	Taxes	Other	Net Check
2017-03-23	1,673.08	0.00	249.13	545.07	878.88
2017-03-30	1,673.08	0.00	245.82	559.57	867.69
2017-04-06	1,763.08	0.00	249.12	545.07	968.89
2017-04-13	1,673.08	0.00	246.83	601.19	825.06
2017-04-20	1,718.08	0.00	249.12	545.07	923.89
2017-04-27	1,673.08	0.00	249.12	545.07	878.89
2017-05-04	1,718.08	0.00	245.82	559.57	912.69
2017-05-11	1,673.08	0.00	245.70	606.19	821.19
2017-05-18	1,673.08	0.00	247.99	550.07	875.02
2017-05-25	1,673.08	0.00	247.98	550.07	875.03
2017-06-01	1,718.08	0.00	244.71	564.57	908.80
2017-06-08	1,718.08	0.00	245.69	606.19	866.20
2017-06-15	1,673.08	0.00	247.98	550.07	875.03
2017-06-22	1,763.08	0.00	247.98	550.07	965.03
2017-06-29	1,718.08	0.00	244.71	564.57	908.80
2017-07-06	1,718.08	0.00	247.98	550.07	920.03
2017-07-13	1,718.08	0.00	245.69	606.19	866.20
2017-07-20	1,673.08	0.00	248.00	550.07	875.01
2017-07-27	1,718.08	0.00	281.05	404.07	1,032.96
2017-08-03	1,673.08	0.00	277.77	418.57	976.74
Totals:	34,001.60	0.00	5,008.19	10,971.38	18,022.03

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

In re	Frank J Petracca Susan J Petracca		Case No.	6:17-bk-05752
		Debtor(s)	Chapter	7
VERIFICATION OF CREDITOR MATRIX				
T 1				6.1 . 1 . 1 . 1
The abo	ove-named Debtors hereby verify that the	attached list of creditors is true and co	rrect to the best of	of their knowledge.

/s/ Frank J Petracca
Frank J Petracca
Signature of Debtor

/s/ Susan J Petracca
Susan J Petracca
Signature of Debtor

Date: September 20, 2017

Date: September 20, 2017

Case 6:17-bk-05752-CCJ Doc 15 Filed 09/20/17 Page 65 of 65

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

In re	Frank J Petracca Susan J Petracca		Case No.	6:17-bk-05752
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPEN	SATION OF ATTOR	RNEY FOR DE	CBTOR(S)
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept		\$	1,500.00
	Prior to the filing of this statement I have received		\$	1,500.00
	Balance Due		\$	0.00
2. \$	335.00 of the filing fee has been paid.			
3. 1	the source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. Т	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5. l	I have not agreed to share the above-disclosed compen	sation with any other person u	unless they are memb	pers and associates of my law firm.
I	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
6.]	n return for the above-disclosed fee, I have agreed to rend	ler legal service for all aspects	s of the bankruptcy c	ase, including:
b c	 Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statenth Representation of the debtor at the meeting of creditors. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house. 	nent of affairs and plan which and confirmation hearing, and duce to market value; exe s as needed; preparation	may be required; d any adjourned hear mption planning;	rings thereof;
7. I	by agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disc any other adversary proceeding.	loes not include the following hargeability actions, judic	service: cial lien avoidance	es, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of any anxiputcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
September 20, 2017 Date		Isl Timothy L. Dave 2 Signature of Attorney	25866 y	
		The Law Office of P.O. Box 951535		, F.A.
		Lake Mary, FL 327 (407) 792-3851 Fa		
		timothydavelaw@		,
		Name of law firm		